



Missouri Pharmacy Program – Preferred Drug List



Oral Antiemetics

Effective 07/05/2007

Revised 07/03/2008

Preferred Agents

(Available with Clinical Edits)

- Ondansetron Solution
- Ondansetron ODT
- Ondansetron Tablets

Non-Preferred Agents

(Available with Clinical Edits)

- Lotronex®
- Kytril Tablets/Solution
- Granisetron Tabs
- Anzemet Tablets
- Zofran® Solution
- Zofran® ODT
- Zofran® Tablets
- Emend

Approval Criteria	Denial Criteria
See below	Therapy will be denied if no approval criteria are met
	Lack of adequate trial on required preferred agents
	Drug Prior Authorization Hotline: (800) 392-8030.

Condition	Submitted ICD-9 Diagnoses/CPT Procedure Codes	Inferred Drugs	Historical Date Range
Cancer	140 - 239		2 years
Cancer (inferred)	-----	Antineoplastics	2 years
Elective Surgery**	-----		-----

** Diagnoses subject to clinical review

- History of chemotherapy and/or radiotherapy
- Diagnosis of post-operative nausea/vomiting
- Lotronex therapy
 - IBS with severe diarrhea as primary bowel symptom
 - Female
- **Emend therapy**
 - **Maximum quantity 3 doses per chemotherapy course**
 - **Maximum quantity 1 dose within 3 hours prior to inductions of anesthesia**
- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen